

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	ANTIMICROBIAL QUINOLONE DERIVATIVES AND USE OF THE SAME TO TREAT BACTERIAL INFECTIONS
Attorney Docket Number::	28341/6304.NDV1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mikhail
Middle Name::	F.
Family Name::	Gordeev
City of Residence::	Castro Valley
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	5072 Stone Canyon Drive
City of mailing address::	Castro Valley
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94552

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dinesh  
Middle Name:: V.  
Family Name:: Patel  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 45109 Cougar Circle  
City of mailing address:: Fremont  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: R.  
Family Name:: Barbachyn  
City of Residence:: Kalamazoo  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of mailing address:: 2900 Redbud Trail  
City of mailing address:: Kalamazoo  
State or Province of mailing address:: MI  
Postal or Zip Code of mailing address:: 49009

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: James  
 Middle Name:: R.  
 Family Name:: Gage  
 City of Residence:: Portage  
 State or Province of Residence:: MI  
 Country of Residence:: US  
 Street of mailing address:: 341 Point-O-Woods Drive  
 City of mailing address:: Portage  
 State or Province of mailing address:: MI  
 Postal or Zip Code of mailing address:: 49002

### Correspondence Information

Correspondence Customer Number:: 04743

### Representative Information

Representative Customer Number:: 04743

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/996927	11/29/01
09/996927	An application claiming the benefit under 35 USC 119(e)	60/257704	12/21/00

**Assignee Information**

Assignee name::	PHARMACIA & UPJOHN COMPANY
Street of mailing address::	Building 209
	301 Henrietta Street
City of mailing address::	Kalamazoo
State or Province of mailing address::	MI
Postal or Zip Code of mailing address::	49001